

	Date Issued	Account Number	Amount due
If you do not want your gas service shut off, you must pay \$1485.32 before 06-18-07	6/7/2007	5-5000-4487-7923	\$1,485.32

RESPONDENT'S EX.#6

**CUSTOMER**

Name **William Mauldin Smith**

**CHARGES**

Past Due Bill Amount

**\$1,485.32**

Service Classification: **Rate 1 - Urban Residential Service**  
Heating Account: **YES**

Disconnection of service is both inconvenient and costly. If you cannot pay the full amount of your gas bill, the following payment options may be available to you:

Please make immediate payment as indicated above. Should service be disconnected, you may be required to pay 100% of the bill, 1/3 deposit, and an additional Reconnection Charge of \$243.54 if service is disconnected by excavating, \$48.71 if shut off at service valve, or \$97.42 if meter is removed, before service can be re-established.

**Current Plus**

You will be billed for your current bill in full each month, plus a portion of your past due bill. A down payment is required.

The statement below indicates the importance of having this notice translated immediately.

**Levelized Plus**

You will be billed the same amount each month for twelve months, with a portion going toward your past due bills, and the remainder applied toward future bills. A down payment is required.

*Importante - Esta notificación afecta sus derechos y obligaciones y debe ser traducida inmediatamente.*

Actual meter readings result in the most accurate bills. If you have not been billed to an actual meter reading on your most recent bill, you may read your meter and call the reading into our Customer Care Center.

**PEOPLES**

Return this portion with your check made payable to People Gas Light and Coke. Please write your account number on your check. Thank you.

**ENERGY**  
**PAYMENT COUPON**  
Peoples Gas  
North Shore Gas

**WILLIAM MAULDIN SMITH**  
2109 W. 51ST ST.  
CHICAGO IL 60609

PEOPLES GAS  
CHICAGO IL 60687-0001

OFFICIAL FILE  
I.C.C. DOCKET NO. 07-0248  
Res Exhibit No. 6  
Witness \_\_\_\_\_  
Date 6-25-07 For Check T6

Amount Paid .....\$ \_\_\_\_\_  
If paying by mail, please allow 5 days for delivery.